CHINESE SCHOOL
DUBAI

Medical Records and Immunization Record and Consent Declaration

To be completed and returned to the School Nurse

CONFIDENTIAL

Pupil Name _____

Date of Birth *DD/MM/YY* _____

Please note that all pages including the forms from Dubai Health Authority, are mandatory and should be completed and returned to Chinese School Dubai, prior to your child commencing school.

CHINESE SCHOOL
DUBAI

Dear Parents,

The Ministry of Health require all schools to keep an up-to-date medical record of their pupils and also a register of their immunization history. Therefore, this document forms an important part of the admissions process to Chinese School Dubai. Please make sure that you complete this health information form accurately and return it to the school nurse.

The form is split into several sections. Please complete all sections and attach a photocopy of your child' s immunization history for our records.

The information provided will remain confidential. Should you have any queries, please feel free to contact the school doctor/nurse, who will be happy to answer any questions.

Name of Pupil		**Year Group**	
Gender		D.O.B.	
Nationality		Residential Phone Number	
Mother' s Name		Father' s Name	
Mother' s Mobile		Father' s Mobile	
Emergency Contact		Previous School	
Family Doctor / Clinic Name			

GOVERNMENT OF DUBAI

DUBAI HEALTH AUTHORITY

Public Health Protection Department- School Health Section

Student Medical Form

Student Photo

Dear Parent/ Guardian of the Student:

Please fill the following form accurately to ensure maintaining and monitoring your child's health and wellbeing during the school year

School Information
School Name: ..... Grade: ..... Section: .....

Student Information
Student Full Name: ..... Gender: .....
Date of Birth: ..... Nationality: .....
Parent or Legal Guardian Name: ..... Relationship: .....
Mobile Number (1): ..... Mobile Number (2): .....
E-Mail: ..... Emirate: .....
In case of Emergency and we are unable to reach the parent/guardian, the following person can be contacted:
Name: ..... Relationship: ..... Mobile Number: .....

Required Attachments			
Student's Emirates ID Copy	☐ Yes	☐ No	ID Number: .....
Student's Passport Copy	☐ Yes	☐ No	
Original Vaccination Card or Updated Copy	☐ Yes	☐ No	
Health Card Copy (if any)	☐ Yes	☐ No	Health Card Number: .....
Health Insurance Card Copy (if any)	☐ Yes	☐ No	

Student Medical History

	Health Problem	Yes	No	Comments
1	Does the student suffer from any allergy to medicine, food, dust, etc.? If yes, please specify in comments			
2	Does the student suffer from any Cardiovascular problem?			
3	Does the student suffer from Diabetes?			
4	Does the student suffer from Hypertension?			
5	Does the student suffer from Bronchial Asthma?			

Public Health Protection Department- School Health Section

Student Medical Form

6	Does the student suffer from any Renal Problem?			
7	Does the student suffer from Epilepsy or Convulsion seizures?			
8	Does the student suffer from Epistaxis?			
9	Does the student suffer from Hemolytic Anemia, type G6PD?			
10	Does the student suffer from any Hereditary Blood Disease (e.g. Thalassemia, sickle cell anemia, Hemophilia)? If yes, please specify in comments			
11	Does the student suffer from any Skin Problem?			
12	Does the student suffer from any Eye problem (Myopia, Hyperopia...)? If yes, please specify in comments			
13	Does the student suffer from any Hearing problem?			
14	Dose the student use any medical aid device? If yes, please specify the device details in comments			
15	Did the student undergo any surgery in the past? If yes, please specify the details in comments			
16	Was the student ever hospitalized? If yes, please specify the reasons in comments			
17	Does the student have any health condition that could weaken the immune system such as Cancer (Blood cancer, Lymphoma), or an organ transplant? If yes, please specify in comments			
18	Did the student get any blood, antibodies or plasma transfusion in the past?			
19	Did the student suffer from any of the following diseases: (Mumps, Measles, Diphtheria, Pertussis, Chickenpox, Tuberculosis), If yes, please specify details in comments			
20	Did the student suffer from Viral Hepatitis?			
21	Did the student suffer from Poliomyelitis (Infantile paralysis infection)?			
22	Does the student suffer from any Mental or Behavioral Problem? If yes, please specify in comments			
23	Does the student suffer from any other Problem or disease not mentioned here? If yes, please specify in comments			

Public Health Protection Department- School Health Section

Student Medical Form

If the student suffer/suffered from any of the health problems mentioned or not mentioned above, please answer the following questions

Medications or Treatments taken continuously

Medicine Name: ..... Dosage: .....

Emergency Medications

Medicine Name: ..... Dosage: .....

Any treating Doctor instructions on Student's nutrition

.....

Any treating Doctor instructions on Student's physical activity and exercise

.....

Any treating Doctor instructions for Student's School Doctor/Nurse to apply during the school day

.....

.....

Family Medical History

	Health Problem	Yes	No	Comments
1	Any Cardiovascular problem and Hypertension			
2	Diabetes			
3	Any Hereditary Blood Disease (e. g. Thalassemia, sickle cell anemia, Hemophilia)			
4	Any type of Cancer			
5	Any Immune System problem			
6	Any Mental Health problem			
7	Others, please specify in comments			

Parent/ Guardian approval and verification for the above mentioned information

Parent /Guardian Name: ..... Relationship: .....

Parent/ Guardian Signature: ..... Date: .....

Notes

- **Please attach medical reports about the Student's health problem, if any**
- **It is the responsibility of the Student's Parent/ Guardian to inform the school clinic of any changes in the Student's health status and submit medical reports accordingly to update the Student's Medical Record at School.**

Please contact the School Doctor/Nurse if there are any queries

Public Health Protection Department- School Health Section

Student Medical Form

CHINESE SCHOOL
DUBAI

Please note: Only Parent or Guardian fills this form. The student is not allowed to fill or sign it. If there are any further queries, please contact the School Doctor or Nurse.

CERTIFICATE OF IMMUNISATION

Please include all details of your child' s immunizations including date administered.

Type of Immunization	1st Dose Date	2nd Dose Date	3rd Dose Date	Booster Date	Remarks
BCG					
BCG Screening					
OPV (Oral Polio)					
DT**					
MMR***					
HBV (Hep B)					
Measles					
Hib					
Rubella					
Chicken Pox					
Other					

* DPT Diphtheria, Pertussis (whooping-cough) and Tetanus
Hib Haemophilus Influenza Type B

**DT Diphtheria and Tetanus

***MMR Mumps, Measles and Rubella

In addition please attach a photocopy of your child' s immunization record for verification.

CHINESE SCHOOL
DUBAI

PARENTAL CONSENT FOR THE ADMINISTRATION OF PARACETAMOL AND SIMPLE MEDICATION

Name of Pupil: _____

Administration of Paracetemol

In the event that your child develops a fever or has pain, it may be necessary to administer Paracetemol. If your child is unable to take this medication, please contact the school nurse to discuss the use of an alternative.

I consent / do not consent **(delete as applicable)** to my child _____ being given Calpol/ Paracetamol should it be considered necessary by the school nurse/doctor/designated staff.

Name of Parent: _____

Signature: _____ Date: _____

Should your child feel unwell and require simple medication such as throat lozenges or arnica for a bump, we also require your permission to administer. A full list of the simple medications that shall be used at Chinese School Dubai can be obtained from the nurse's office.

I do / do not **(delete as applicable)** give permission for my child _____ to be Administered simple medication should they require it.

Name of Parent: _____ Signature: _____ Date: _____

If your child requires any medication at school, including over the counter medication please note the medicine should be in its original packaging, labelled with the child's name and date of birth, along with a doctor's prescription and medical report. A consent form for this purpose should be obtained from the school nurse. Information required will include the child's name, medication required and precise instructions regarding administration of the drug. No medication will be administered by the nurse/doctor/designated staff unless this form has been completed. Medication will never be administered by the class teacher. If your child has a history of asthma or an allergic condition requiring the use of inhalers, nebulizers or an Epipen, it is important that a spare one is kept at school. This can then be given in an emergency situation with prior written consent from the parent.

No child should be carrying any medication in school unless authorized by the medical department.

CHINESE SCHOOL
DUBAI

EMERGENCY TREATMENT

In the event that your child has an accident or requires emergency treatment, the school requires permission to administer emergency first aid and if required, arrange transport to hospital for diagnosis and treatment. In such cases every attempt will be made to contact you as quickly as possible.

If we are unable to contact you, your child will be taken to a doctor/hospital for diagnosis and treatment. Efforts to contact you will continue. Our policy is to take a child to **Nearest Hospital**. If you have an alternative preference, please indicate below and we will do our best to adhere to your requirements.

Name of Parent: _____

Signature: _____

Date: _____

Please also provide the following details:

Health Card Number _____

Insurance Company: _____

Preferred Hospital: Rashid (Y/N) _____

Other (please specify): _____

Consent for Medical Examination

It is the requirement of the Dubai Health Authority, School Health Department, that all children have a medical examination when they are new to a school, in Year 1, Year 5, Year 9 and IB2.

Our School Doctor will carry out the medical examination at Chinese School Dubai throughout the school year. This consists of a general examination, measurement of height and weight, screening of vision and examination of ears, throat, heart, lungs and abdomen.

Please complete and sign below. If you do not consent to the medical being carried out at the school, you must have it done privately by your own doctor and provide a medical report for your child's file.

Name _____ Form _____

I consent / do not consent **(delete as applicable)** to my child _____ (Name) being examined at school.

Signed _____ Date _____ Printed _____

CHINESE SCHOOL
DUBAI

PARENTAL AUTHORISATION

Please sign **ALL** the following sections in the appropriate places below:

☐ **Permission to act on behalf of parents in the event of an emergency**

I give permission to the Headmaster or designated staff to give consent to any dental, medical, or surgical treatment, including an aesthetic or blood transfusion required in an emergency by my child, if the School is unable to contact parents/ guardians.

Signed _____. Date _____

☐ **Update of Medical Information**

I undertake to keep the School Doctor and Nurses fully informed of any medical conditions that may arise in the future.

Signed _____ Date _____

NOTE ON CONFIDENTIALITY OF MEDICAL RECORDS

• In accordance with the School Doctor's and Nurses' professional obligations, medical information about pupils, regardless of their age, will remain confidential.

• However, in providing medical and nursing care for a pupil, it is recognized that on occasions the doctor and nurses may liaise with the Headmaster and the other academic staff, house staff and parents or guardians, and that information, ideally with the pupil's prior consent, will be passed on as necessary.

• With all medical and nursing matters, the doctor and nurses will respect a pupil's confidentiality except on the very rare occasions when having failed to persuade that pupil, or his or her authorized representative, to give consent to divulgence, the doctor or nurses consider that it is in the pupil's better interests or necessary for the protection of the wider school community, to breach confidentiality and pass information to a relevant person or body.

Medical Information Forms

Details of information concerning allergies and conditions that prevent a pupil from participating in normal school games and activities will be made available to the academic staff and house staff. The School Doctor may reveal other information to the Headmaster on the basis of 'a need to know'. The Headmaster may pass this information on to other staff based on his judgement of 'a need to know'.